

LICENSE BECOMES VOID IF NOT USED WITHIN 30 DAYS (T.C.A. 36-405)

APPLICATION OF MARRIAGE

DATE _____

NAME OF GROOM

LAST				FIRST				MIDDLE							
RESIDENT STATE				COUNTY				CITY				SSN# ____			
STREET ADDRESS								BIRTH PLACE (STATE)				DATE OF BIRTH			
FATHER'S NAME						STATE OF BIRTH		MOTHER'S NAME (MAIDEN)						STATE OF BIRTH	
YOUR RACE		# OF TIMES YOU'VE MARRIED?				YOUR PREVIOUS MARRIAGE ENDED IN DEATH_____ DIVORCE_____						DATE MARRIAGE ENDED MONTH_____ YEAR_____			
EDUCATION (TOTAL YEARS COMPLETED)										HIGH SCHOOL _____ COLLEGE _____				YOUR PRESENT AGE	

NAME OF BRIDE

LAST				FIRST				MIDDLE				IF MARRIED BEFORE LIST MAIDEN NAME			
RESIDENT STATE				COUNTY				CITY				SSN# ____			
STREET ADDRESS								BIRTH PLACE (STATE)				DATE OF BIRTH			
FATHER'S NAME						STATE OF BIRTH		MOTHER'S NAME (MAIDEN)						STATE OF BIRTH	
YOUR RACE		# OF TIMES YOU'VE MARRIED?				YOUR PREVIOUS MARRIAGE ENDED IN DEATH_____ DIVORCE_____						DATE MARRIAGE ENDED MONTH_____ YEAR_____			
EDUCATION (TOTAL YEARS COMPLETED)										HIGH SCHOOL _____ COLLEGE _____				YOUR PRESENT AGE	

ADDRESS WHERE YOU PLAN TO LIVE AFTER YOUR MARRIAGE				STREET				CITY				STATE				ZIP	
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JOHN ARRIOLA, COUNTY CLERK